

| | | |
|---|--|---|
| UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small> | | Attorney Docket No. 245776US3 |
| | | First Inventor or Application Identifier Makoto TAKAHASHI, et al. |
| | | Title HYDRAULIC PRESSURE GENERATING APPARATUS |

| | | | |
|--|--|---|---------------------------|
| APPLICATION ELEMENTS <i>See MPEP chapter 600 concerning utility patent application contents</i> | | Commissioner for Patents ADDRESS TO: Mail Stop Patent Application Alexandria, Virginia 22313 | |
| 1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g. PTO/SB/17) <small>(Submit an original and a duplicate for fee processing)</small> | | ACCOMPANYING APPLICATION PARTS <ul style="list-style-type: none"> 7. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 8. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76 9. <input type="checkbox"/> 37 C.F.R. §3.73(b) Statement <input type="checkbox"/> Power of Attorney <i>(when there is an assignee)</i> 10. <input type="checkbox"/> English Translation Document <i>(if applicable)</i> 11. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations (2) 12. <input type="checkbox"/> Preliminary Amendment 13. <input checked="" type="checkbox"/> White Advance Serial No. Postcard 14. <input checked="" type="checkbox"/> Certified Copy of Priority Document(s) (1) <i>(if foreign priority is claimed)</i> 15. <input type="checkbox"/> Applicant claims small entity status. <i>See 37 CFR 1.27</i> 16. <input checked="" type="checkbox"/> Other: Request for Priority | |
| 2. <input checked="" type="checkbox"/> Specification Total Sheets 39 | | | |
| 3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) Total Sheets 3 | | | |
| 4. <input checked="" type="checkbox"/> Oath or Declaration Total Pages 4 <ul style="list-style-type: none"> a. <input checked="" type="checkbox"/> Newly executed (original) b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. §1.63(d)) <i>(for continuation/divisional with box 17 completed)</i> <ul style="list-style-type: none"> i. <input type="checkbox"/> DELETION OF INVENTOR(S) <small>Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §1.63(d)(2) and 1.33(b).</small> | | | |
| 5. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) | | | |
| 6. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i> <ul style="list-style-type: none"> a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification or Sequence Listing on : <ul style="list-style-type: none"> i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> Paper c. <input type="checkbox"/> Statements verifying identity of above copies | | | |
| 17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below: | | | |
| <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) | | | of prior application no.: |
| <i>Prior application information:</i> Examiner: Group Art Unit: | | | |

| | | |
|--|--|--|
| 18. CORRESPONDENCE ADDRESS | | |
| Customer Number 22850 (703) 413-3000 FACSIMILE: (703) 413-2220 | | |

| | | | |
|------------|----------------------------|-------------------|----------------|
| Name: | C. Irvin McClelland | Registration No.: | 21,124 |
| Signature: | <i>C. Irvin McClelland</i> | | Date: 11/26/03 |
| Name: | | Registration No.: | |

Docket No.

245776US3

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

INVENTOR(S) Makoto TAKAHASHI, et al.

SERIAL NO: New Application

FILING DATE: Herewith

FOR: HYDRAULIC PRESSURE GENERATING APPARATUS

FEE TRANSMITTAL

COMMISSIONER FOR PATENTS
ALEXANDRIA, VIRGINIA 22313

| FOR | NUMBER FILED | NUMBER EXTRA | RATE | CALCULATIONS |
|---|--------------|--------------|-----------------------------|--------------|
| TOTAL CLAIMS | 36 - 20 = | 16 | x \$18 = | \$288.00 |
| INDEPENDENT CLAIMS | 6 - 3 = | 3 | x \$86 = | \$258.00 |
| <input checked="" type="checkbox"/> MULTIPLE DEPENDENT CLAIMS (If applicable) | | | + \$290 = | \$290.00 |
| <input type="checkbox"/> LATE FILING OF DECLARATION | | | + \$130 = | \$0.00 |
| | | | BASIC FEE | \$770.00 |
| | | | TOTAL OF ABOVE CALCULATIONS | \$1,606.00 |
| <input type="checkbox"/> REDUCTION BY 50% FOR FILING BY SMALL ENTITY | | | | \$0.00 |
| <input type="checkbox"/> FILING IN NON-ENGLISH LANGUAGE | | | + \$130 = | \$0.00 |
| <input type="checkbox"/> RECORDATION OF ASSIGNMENT | | | + \$40 = | \$0.00 |
| | | | TOTAL | \$1,606.00 |

- Please charge Deposit Account No. 15-0030 in the amount of **\$0.00** A duplicate copy of this sheet is enclosed.
- A check in the amount of **\$0.00** to cover the filing fee is enclosed.
- Credit card payment form is attached to cover the filing fee in the amount of **\$1,606.00**
- The Director is hereby authorized to charge any additional fees which may be required for the papers being filed herewith and for which no check or credit card payment is enclosed herewith, or credit any overpayment to Deposit Account No. 15-0030. A duplicate copy of this sheet is enclosed.

Respectfully Submitted,

OBLON, SPIVAK, McCLELLAND,
MAIER & NEUSTADT, P.C.

Date: 11/26/03



C. Irvin McClelland

Registration No. 21,124

Customer Number

22850

Tel. (703) 413-3000
Fax. (703) 413-2220
(OSMMN 05/03)